PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

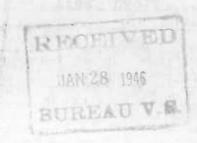
2411 N. Charles St., Baltimore 934

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IM No. T. O.O. FER 5 1946 CERTIFICATE OF DEATH

Rev. Dist. No. 166

FILM NO. 1 () O FED 5 1340 CERTIFICAT	Reg. Diat. No. 100
1. PLACE OF DEATH: Gounty Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Garrrett
City or town Oakland, Maryland.  (If outside city or town limits, write RURAL and give nearest town)	Oakland Maryland.
How long in above place of death? A round 50 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3.(a) FULL NAME Ester HESEN DE	2. (b) Social Security Number
Mmo Mony F Poll	None
Mrs. Mary . Bell.  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION A.M.
Female White Widow.	20. DATE OF DEATH January 8th 1946 at 6:45
Pland Pall	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife FLoyd Bell	
Deceased	December 10, 1945 to January 8, 1946
7. Birth date of Tana Contact Towns Towns	and that I last saw her alive on January 7, 18.46
deceased (mo., day, yr.) Jan 20th, 1860	Immediate Cause of death
8. AGE: Years Months Days It less than one day	(Inchoffeumonia.
85 86 11 19hrsmin.	
9. Birthplace Grafton, W. Va. (Town, county, and state)	Due to bernary occlusion.
1D. Usual occupation House wife	Due to the pertussion tout recense
11. Industry or business	
買 12. Name Bernard Hesen.	Dther conditions allera Schrone's
Hand   Bernard Hesen.   Bernard Hesen.   Hand   Bern	
	(Include pregnancy within 3 months of death)
E 14. Malden name.	Major findings of operations
14. Maiden name. Sidney Merrill.  15. Birthplace Oakland, Md.	Date of on
Wrs James Bell.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Oakland, Md.	
Burial Date thereof Jan 10/46	22. VIOLENCE: it death was due to external causes, till in the following;
	Accident, suicide, or homicide
Cemetery or crematory Oakland Cemetery.	Where did injury occur?
	Where did injury occur?
Location Oakland, Md.	Injured at home, farm, industry, public place (where?)
E A baldo.	Means of Injury Injured at work?
18. Funeral director.	
Address Catland, Uff,	23. SIGNATURE (15- / have Phi)
18/m 10-18/6 Julia lawan	M. D. or other



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 924)

### CERTIFICATE OF DEATH



1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Rine 1 Mt Lake Penk	State Maryland County Garrett		
(If outside city or town limits, write RURAL and give nearest town)	Mt Tolse Domla		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Streel No. 1 MI. 5 E Mt. Lake Park		
⇒===	(lfrural, give LOCATION)		
How long in hospital or institution?	2.(a) ff veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Franklin Reed Bittinger	218-07-0508		
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH. January 5, 46 38:30A		
6.(b) Name of husband or wife Elizabeth Moon Bittinger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
52			
	and that I last saw help alive on Decamber 29 1946		
deceased (mo., day, yr.) September 6, 1892	Immediate cause of death. County pulmany DURATION		
8. AGE: Years   Months   Days   If less than one day	edema / was		
53 4hrsmin.			
* Butheless Crellin; Garrett Co., Md.	Due to Mittal walnular disease 10 grs.		
(Town county and state)	Use Van de la constant de la constan		
10. Usual occupation Farmer	Due to Probably Bleumatic. ?		
11. Industry or business Own Farm	Due 10		
Sampson Bittinger			
12. Name. Garrett Co., Md.	Differ conditions		
14. Malden same Barbara Engle 15. Birthplace Garrett Co., Md.	(Include pregnancy within 8 months of death)		
9 Cannett Co Md	Major findings of operations.		
Taxana and Distribution	Date of op.		
18. Informant Dellwood Diccinger	Antopsy results.		
Address Mt. Lake Park, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Dale thereof Jan. 7, 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial  (Burial, cremation, or removal, Which?)  Pleasant Valley Cemetery	Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
Location 2 Mi. S W Mt. Lake Park	Injured at home, farm, industry, public place (where?)		
Noute to Protect	Means of Injury Injured at work?		
18. Funeral director	1/ 1 20 20		
Address Oakland, Md.	23. SIGNATURE Darold C. Miller, MD		
10 an 7- 10 46 Julia a. Kowan	M. D. or other 17/4/		
(Date rec'd by registrar) Registrar	Address EgCoN, W. La. Date signed 1/76		

Secret Later Tales Receipt BBBG M TO LE STO The state of the s RECEIVED 1A 28 1946 the state of the other state of . SE . . OG SINGS OF THE PARTY THE REPORT OF STREET, STR. Bath W. Mal. vesser coller-framewall AND DESIGNATION OF

# UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 980

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	Reg.	Diat.	No.	

	CFRT	TICE	CA	THE	OF	DE	A TILL
u	HKI		t Δ	- H	( ) H	1 3 Pt. /	A I H

County. Garrett City or town. Mt. Leke Park City or town. Mt. Lake Park City or town.
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in hospital, institution, or street address where death occurred:  Loch Lynn  How long in hospital or institution?  Robert Campbell  4. Sex S. Color or race S. Color or race Married  White Married  City or town Mt. Lake Park  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number None  MEDICAL CERTIFICATION  January 11 46 1:45P  20. DATE OF DEATH
How long in above place of death?  Hospital, institution, or street address where death occurred:  Loch Lynn  Street No
Toch Lynn  How long in hospital or institution?  3. (a) FULL NAME  Robert Campbell  4. Sex  Male  White  No  Street No.  (If rural, give LOCATION)  2. (a) If veteran, name war.  3. (b) Social Security Number  None  MEDICAL CERTIFICATION  January  11  46  1:45P
3. (a) FULL NAME  Robert Campbell  4. Sex Male White Married Solution Married, widowed, or divorced Married Married Solution Married Married Solution Married Married Solution Married Solution Married Solution Married Married Solution Married Solution Married Solution Married Solution Married Solution Married Married Solution Married Marri
Robert Campbell  4. Sex    Solution of the content
Male White Married January 11 46 1:45P
20. DATE OF DEATH
SO, DATE OF DEATH
Bertie Alice (Barb) Campbel 21. I CERTIFY that Beath occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife 56 Jaw 9 19.44 to June 1/1 19.4
7. Birth date of July 24, 1878 and that I last say h. 1. m. alive on 11.
deceased (mo., day, yr.)  Immediate cause of death.
8. AGE: Years Months 5 17 Itess than one day
Cross Mineral Co. W. Va.
9. Birthplace
10 House occupation
Coal Mines
Robert Campbell  12. Name  Scotland  13. Birthplace  Melinda Jane Davis  (Include pregnancy within 3 youths of death)
Malinda Jane Davis    14. Malden name   Garrett Co., Md.   Major findings of operations   Date of op.   Date of op.
Mrs. Robert Campbell
16. informant Mt. Lake Park, Md.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buriel Quie thereof. Jan. 14. 1946  (month) (day) (year)  Accident, suicide, or homicide
(buriar, cremation, or remine with the company of t
Cemetery or crematory
West Vindex, Marrett Co., Md.  Otha F. Sharpless  Means of Injury  Injured 2t home, farm, Industry, public place (where?)  Injured 2t work?
Otha F. Sharpless  Means of Injury  Injured af work?
18. Funeral director Biaine, W. Va.
23. SIGNATURE
(Date rec'd by registrar)  Registrar  Address.  Address.  Bate signed an 11-

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-4)

### CERTIFICATE OF DEATH

0 (50)6 Reg. Diat. No.

1. PLACE OF DEATH: County Garrett Clty or town Oakland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?  How long in hospital or institution?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland  County Garrett  City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Daniel L. Conneway	60 to 60 m
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widewed	2D. DATE OF DEATH January 12 46 7:30A.
6.(b) Name of husband or wife. Eliza Jane Conneway  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  July 28, 1852	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 7. 10. 19. 45.
8. AGE: Years   Months   Days   If less than one day   93   5   15  hrsmin.	Immediate cause of death Department Departme
9. Birthplace. Fayette Co., Pa. (Town, county, and state)  10. Usual occupation.  11. industry or business Own Farm  Valentine Conneway  12. Name.  13. Birthplace Penna.	Due to
14. Maiden came Jane Thomas 15. Birthplace Penna.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date 01 op.
Mrs. Russell Thrasher  Address Washington, D. C.	Autopsy results
Burial  (Burial, cremation, or removal, Which?)  Oak land  Cemetery or crematory.  Bate thereof Jan. 15, 1946  Cemetery  Cemetery	22. VIOLENCE: If death was due to esternal causes, fill in the following;  Accident, suicide, or homicide
Location Oakland, Md.  18. Funeral director Verker C. Laighton  Address Oakland, Md.	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
(Date rec'd by registrar)  19 46 Julia Jawan  Registrar	Address Dallanomo Bate signed / 14/46

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

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	A 1 H	E 114	E FIN A	A 8 9-1

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County			State Maryland County Garrett			
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  The state of the s		City or town Oakland		**************		
How long in above place	of death?	last consumed		(if outside city or town limit	e, write RURAL and give nea	rest town) .
Hospital, Institution, or	street address where d	leath occurred:		Street No(If rural, give	- I OCATION)	***************************************
** * 1 4 11 1 -	· · · · · · · · · · · · · · · · · · ·	- <del></del>		2.(a) If veteran, name war		
How long in hospital or				Z.(G) It referan, name war		
3. (a) FULL NAMI	, ,				3. (b) Social Security	Number
	Jane, Col	and the second second				
4. Sex	5. Color or face		led, widowed, or divorced		ERTIFICATION	
Female	White	Marri	.ed	2D. DATE OF DEATH January 7,	19.46	7:30A.
6.(b) Name of husband	Daniel	L. Cor	neway	21. I CESTIFY that death occurred on the date abo		
5.(0) Rame of nusband	of wile		93	Jan 10		19.4%
7. Birth date of	Ootober	5, 185	ive, give ageyears	and that I last saw h alive on		1945
deceased (mo., day, y	r.)	0, 200		A comment of the comm		OURATION
8. AGE: Years	Months 3	Days If	less than one day	Immediate cause of death My OBardiko		
87	0	4	brsmin.			***************************************
9. Birthplace		Due to				
				M 000 00 1 1 1 00 00 1 00 00 00 00 00 00		
10. Usual occupation			Due to.	. 02 2 2 2 2 4 0 0 0 0 0 0 0 0 0 0 0 0 0	********************************	
ff. Industry or business Own Home						
質 12. Name William Ashby			Dther conditions	380.00800000000000000000000000000000000	***************************************	
13. Birthplace Garrett Co., Md.						
	Helen Tha	ver		(Include pregnancy within 3	months of death)	
Helen Thayer  14. Maiden name Mass.  Mass.			Major findings of operations		***************************************	
15. Birthplace		. 5.04			Oate of op	***************************************
			ey	Autopsy results	T. 0 1 2 1 11 1 1	
Address Oa	kland, Mo	i.		PHYSICIAN: Please underline the cause to w		stausneauy.
Buria	1	Data Harried &	Jan. 9, 1946	22. VIOLENCE: If death was due to external ca		
(Burial, cremation, or removal, Which!) (month) (day) (year)			Accident, suicide, or homicide			
Cemetery or crematory Oakland Cemetery			Where did injury occur?(City or town)	(County)	(State)	
Oakland. Md.			Injured at home, tarm, industry, public place (w	where?)		
Location	1.1 1 .1	AY		Means of Injury	Injured at work?	
fe. Funeral director	Verher		eguon	Q n R	-+- ,	. 2
Address	Oakland	i, Md.		23. SIGNATURE & J. Daen	when Mer a	(1)
. In	1 .41	July	or Kourn	0 110- 0 1	M. D.	or other
Date rec'd by re	gistrar)	//	Registrar Registrar	Address Dalcleub U	Oate signed.	((0/4-0

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. HARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

### CERTIFICATE OF DEATH

000	11	11	5
Reg. Dist.	No	16	2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State to a county Darrett
City or 10wn	City or town Servanton, RF.D
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
and the second of the second o	(If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME James C. Davis	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male to. married	20. DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8 (5) Name of husband or wife many E. Davis	20:-LCERTIGE that death occurred on the date above stated: that a dended deceased from
5.(c) Name of museum of wife	Alex 3m/ 145 10 Jan 8 10 46
7. Birth date of sold sold sold sold sold sold sold sold	and that I last yaw h same allive on San S
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	The ocused defination 6 no
hrsmin.	
8. Birthplace (Town, county, and state)	Due to After Sile 27
10. Usual occupation Tamer.	
11. Industry or business	Due to
	Differ condition Again tention
12. Name Benjamine Warris 13. Birthplace Wort / Know	
El Dait Game	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
ŽI 15. Birthplace	
16. Informant Wise Dela Telimed	Autopsy results
Address Swanton R.F. D. Md.	
17 Burial Date thereof Jan. 10-46	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or commercy Tools and Commerce of the	Where did injury occur?
Location Chestrat Three Two to RFD M	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. H. Fudlowk	Means of injury Injured at work?
Address Pledmont. W. Va.	23. SIGNATURE Jacon HOllocarty My
19. Jan. 10 18 46 Dorsey tallesone Registrar	Address Date signed 10 46
Abate rec u by registrar)	11 AUUIESS

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JAN 14 1946

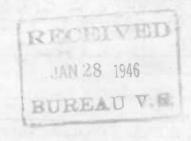
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 590

### CERTIFICATE OF DEATH

CERTITION	Reg. Diat. No
1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or fown	State Maryland County Garrett  City or town Oakland Md. (If outside city or town limits, write RURAL end give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME  Harriett P Rodeheaver Dawson	3. (b) Social Security Number None.
Harriett P. Rodeheaver Dawson.  4. Sex   5. Color or race   S. (a) Single, married, widowed, or divorced  Female   White   Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH JANUARY 18. 146 .7;30
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from M.  19. 45. 40. 344. 40. 19. 44. 40. 19. 44. 40. 19. 44. 40. 19. 44. 40. 19. 44. 40. 19. 44. 40. 19. 44. 40. 40. 40. 40. 40. 40. 40. 40. 40
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
9. Birthplace Deer Park, and . (Town, county, and atate) House Wife	Due to
11. Industry or business  12. Name. Jackson C. Rodeheaver  13. Birthplace Preston Co., West Va.	Other conditions
14. Maiden name Virginia Friend.  15. Dirthplace Swanton, Md.  R. Lee Rodeheaver.	Major findings of operations.  Date of op.
16. Informant R. Lee Rodeheaver.  Address Deer Park, Md.	Antopsy results
17. Burial Date thereof January 20/2 (Burial, cremation, or removal, Which?)  Door Park Constant (day) (year)	
Cemetery or crematory Deer Park Cemetery.  Location Deer Park, Md.	Where did injury occur?
Andress & Steen Solden	Means of Injury  Injured al work?  23. SIGNATURE  M. D. or John M. D. or
(Date rec'd by registrar)	Address Date signed 19796



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

### CERTIFICATE OF DEATH

00613 Reg. Dist. No.

1. PLACE OF D	ett.			2. USUAL RESIDENCE (I-IOME) OF DECEASED: (For newborn infants give residence of mother)			
Cov.	men Par	a 1		State Maryland Cou			
City or town(If	f outside city or town l	imits, write R	URAL and give nearest town)	City or town City or town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place	co of death?		***************************************				
Hospital, Institution,	or street address where	death occurred		Sireet No. 3 Mi. W Gorma	n		
00 60 00 00			***************************************	(If rural, give	LOCATION)		
	or Institution?	***************	***************************************	2.(a) If veleran, name war		******	
3. (a) FULL NAM					3. (b) Social Security 1	Number	
	n Franklin		9				
4. Sex	5. Color or race	100000000000000000000000000000000000000	, married, widowed, or divorced	MEDICAL CH	ERTIFICATION		
Male	White	Wid	lowed	20. DATE OF DEATH January 16	, 1946	6:00A.	
E (h) Name of bushen	d or wife Ida K	erns G	eorge	21. I CERLIFY that death occurred on the date abo			
				Jan 2 18	46 10 Jan 10	19 46	
7. Birth date of	T	6.(c	) If alive, give ageyears	and that I last saw h. and alive on	an 2.	1946	
deceased (mo., day	,yr.) Januar;	у 10,	1870	Immediate cause of death Decom	beneation	DURATION	
8. AGE: Yea		Days	If less than ooe day	The state of the s		5011471011	
76	5	1	hrsmin.		,00000000000000000000000000000000000000	***************************************	
Per	ndleton C	o W.	Va.	9 - 4		*************************	
W. Birinpiace	(Town,	eounty, and a	tate)	oge to	······································	000000000000000000000000000000000000000	
1D. Usuat occupation	Farmer						
11. Industry or busine	999			Due fo			
	aben Geob	ge				***************************************	
12. Name	Pendleto	n Co	W. Va.	Diher conditions		***************************************	
	Unknown	,		(Include pregnancy within 3 m	nonths of death)		
14. Malden name	2		***************************************	Major findings of operations			
≥ f5. Birthplace					Date of op		
f6. loformant Mr S	James	Aronha	lt	Autopsy results.		******************	
Address Gor	rmania, W	. Va.		PHYSICIAN: Please underline the cause to wh	ich death should he charged s	statistically.	
Down do 1	1		Jan. 19. 1946	22. VIOLENCE: If death was due to external cau	ses, fill in the following:		
(Burial, crematio	on, or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	•••••	
Cemetery or crema	tory Mayle	Cemete	ry	Where did injury occur?(City or town)		(0)-4-)	
			Park, Md.	(City or town) Injured at home, farm, Industry, public place (wh			
	Nostai		Leighbon	Means of Injury	tojured at work?		
18. Funeral director			eignion		1 0		
Address	Oakland,	Ma.		23 SIGNATURE W. Y. Drychw	oder he 2.		
tan/	18 46	X.0	: Karvan	23. SIGNATURE	M. D. o	cother	
(Date rec'd by r	egistrar)	Maria	Cal Registrar	Address Cormania	Date signed	Jan 18-4	
(Date rec'd by r	egistrar)	1 0	oral Registrar	Address Komanus	Date signed	an/8-4	

JAN 28 1946

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WITH UNFADING INK. Supply every item of information carefully. The co important. Physicians: please write the causes of death clearly and legibly-

PLEASE WRITE PLAINLY, is especially

### The correct age

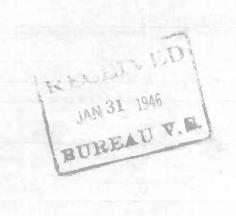
### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 23-0

() (1614 Reg. Dist. No. 164

1. PLACE OF DEATH: Genett				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)		
City or town Accident (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Years			URAL and give nearest town)	State Md County Garatt  Cily or town Accident  (If outside city or town limits, write RURAL and give nearest town)		
Now long in above place of dealify			l:	Sireet No		
How long in hospital or institution?				2.(a) If veteran, name war		
3.(a) FULL NAME Solomon Glass				3. (b) Social Security Number		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
М .	W	1	arried	20, DATE OF DEATH January 24 19 46 at 2 p. W		
			lass c) If alive, give age 83			
7. Birth date of	n Febuar	5-	<b>I</b> 860			
8. AGE: Year		Days I9	If less than one day	Immodate chuse of death DURATION  DURATION  DURATION  DURATION  DURATION		
9. BirthplaceR. 10. Usual occupation.	Retired	county, and Farm	Md state) ser	Due to.		
11. Industry or busines  12. Name  13. Birthplace	seph Gl		lent. Md.	Other coaditions		
		peiche	er,	Major findings of operations		
1B. Interment	rist Gla	19.5		Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Buris (Burial, cremation Cemetery or cremat	or removal. Which?	Date ther	1#27-I946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
1D Cuseral director of	Minase Minase ntsville		lugg	Injured at home, farm, industry, public placa (where?)  Means of injury  lojured at work?		
Δ .	5- 1946	Em	mad Spoesles	23. SIGNATURE M. D. oppther rar Address & Manual Ma		



THE WAY IN SECTION A

DIACE OF DEATH.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 940

2 USUAL DESIDENCE (HOME) OF DECEASED:

			/	
Mar Dist	No	/	6	6

00615

CERT	IFIC	ATE	OF	DE	ATH

Correct t	(For newborn infants give residence of mother)		
County Garrett	State Maryland County Carrett		
Hy or town Oakland Maryland (If ontside city or town limits, write RURAL and give nearest town)	Octobra Md		
low long in above place of death? Life time	City or town		
lospital, institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
low long in hospital or institution?	2.(a) It veteran, name war		
B. (a) FULL NAME	3. (b) Social Security Number		
Mahlon Carleton Hinehaugh.			
Mahlon Carleton Hinebaugh.  Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower	2B. DATE DF DEATH SELECTION 21 1946 at 9 24 M		
(b) Name of husband or wife Eva Robinson Hinebaugh	21. I CERTIFY that death occurred on the date above stated: that I etlended deceased from		
Decessed	may 1938 to Jun 1946		
Deceased 6.(e) If alive, give ageyears	and that I last saw h. Lane. allve on		
deceased (mo., day, yr.) June 14th, 1868	Immediate cause of death DURATION		
B. AGE: Years   Months   Days   If less than one day	Lorona Thrombosis		
77 6 18min.			
B. Birthplace Accident, Maryland.	Due to		
(IOWI, COULTY, and Beats)			
10. Usual occupation Medical Doctor.	Due to.		
	Due 10		
11. Industry or business	Bther conditions Arterias Claros 15		
12. Name. William Hinebaugh.	Other conditions		
13. Birthplace Pennsylvania.	(Include pregnancy within 8 months of death)		
14. Malden name Elizabeth Glotfelty.			
	Major findings of operations.		
	Date of op.		
16. Informant Mrs. Neil C. Fraley.	Autopsy results		
Address Qakland, Md.			
Burial Date thereof Jan. 5/46.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Bate thereof Jan. 5/46.  (Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide		
Oakland. cemeterv.	Where did injury occur?		
Gemeters of Gremators			
Location Oakland, Nd.	Injured at home, farm, industry, public place (where?)		
16. Funeral director 215 pay D. Polster	Means of injury Injured at work?		
	Samues too her.		
Address X afg ( again )	23. SIGNATURE O M. D. or other		
on of 1946 Julia A-Nowin	1/2/4L		
(Date rec'd by registrar) Registrar	Address		

THE RESERVE OF THE PROPERTY OF THE PROPERTY OF

AND SO STATES STREET

JAN 7 1946
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Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on

2411 N. Charles St., Baltimore

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				COSTO
EDTI	FICA	TE	OF	DEATH

Reg. Dist. No. / 66

FILM No. I O O FEB 14 1946 CERTIFI	CATE OF DEATH  Reg. Dist. No. 6 6
1. PLACE OF DEATH:  County. Garrett  City or fown. Crellin, Md.  (If outside city or town limits, write RURAL and give nearest tow How long in above place of death? 45 years  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Garrett  City or town Crellin, Md. (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Eliza Jane Lee.	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.M
female   White   M rried	20. DATE OF DEATH. January 29th 1946 ,al:45
8.(b) Name of husband or wife Hamilton Henry Lee 6  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day 67 66 8   hrs.  9. Birthplace Biskmark, W. Va. (Town, county, und state)  10. Usual occupation House Wife  11. Industry or business  12. Name John Cosner.  13. Birthplace Bismark, W. Va.  14. Maiden name Unis Cosner.  15. Birthplace Bismark, W. Va.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. On Jan. 29, 1946.  3. years and that I last saw h.Cr. alive on January 29, 1946.  Immediate cause of death Cerebral OURATION
16. Informant Hamilton H. Lee.  Address Crellin, Md.  17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Oak Grove Cemetery.  Location Near Gorman, Md.  18. Funeral director Annay D. Boldess Address Cafelando. Md.	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  1 Injured at work?  23. SIGNATURE. (State)  M. D. or other
(Date rec'd by registrar)	egistrar Address Oakland, Maryland Date signed 2/2/46

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FEB 6 1946
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

00617 Reg. Diat. No. /

1. PLACE OF DEATH: County Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Oakland			State Maryland County Garrett		
(If	outside city or town li	mits, write RURAL and give nearest town)	hae [sle()		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Mospital, institution, or street address where death occurred:			City or town	write RURAL and give nearest town)	
nospital, institution, or stroot audioss whole doubt occurron:			Street No.	***************************************	
Many Asses de bose Mark		ento desto (maio)	(If rural, give l		
Now tong in hospital or institution?			2.(a) If vetoran, namo war	***************************************	
3. (a) FULL NAM				3. (b) Social Security Number	
	rge W. L				
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Single	20. DATE OF DEATH January 27,	46 5:30A.	
9 (b) Name of hunband	or wife		21. I CERTIFY that death occurred on the date abov	e stated: that I altended deceased from	
The second secon			December 9.	45 to Jenusry 27 19 46	
7. Birth dato of	A22.022.0.1			ary 26. 1846	
deceased (mo., day,	yr.) Augus	0 01, 1000	Immediate cause of death. Many real		
8. AGE: Year		Days tf less than one day	-degeneration and		
79		28hrsmin.			
Pie	dmont; M:	ineral Co., W. Va.	Duo to Cerebral tremm		
9. Birthplace	(Town,	county, and state)	010 10	0	
10. Usoal occupation.	Jeweler	***************************************	Duo to arlerio seleson		
11 Industry or business	Retail a	Jeweler			
	id Henry	Loar			
13. Birthplace	akland, I	Md.	Othor conditions		
14. Maiden name		nerine Wheeler	(Include pregnancy within 3 m		
W 15 Blethelone	Oakland,	Md.	Major findings of operations		
Mid co	s Canaa I	Dann		Dato of op	
16. Informant		3041	Autopsy results		
Address Oak	land, Md.	• =			
, Buria	1	Date thorson Jan. 29, 1946	22. VIOLENCE: If death was due to external caus		
(Burisi, cremation	or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date thoreof, an. 29, 1946  (month) (day) (year)  Cemetery or crematory.			Where did tajury occur?(City or town)	(County) (State)	
Coation Oakland, Maryland.			Injured al home, farm, industry, public place (who		
Natate Vill-			Means of Injury	injured at work?	
18. Funeral director	Oakland,		100 VI	N 5	
Address	Oakland,	mar.	23. SIGNATURE A. S. Ma	ne. MN.	
fon. 1	8 1946	Julia 4. / owan		M. D. or other	
(Date rec'd by re	gistrar)	Registrar	Address Oakland, Maryland	Date signed 1/27/46	

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Garrett				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Loch Lynn; Md.  (If outside city or town limits, write RURAL and give nearest town)				state Maryaand county Garrett			
(If outside	city or town limit	ts, write R	URAL and give nearest town)	City or town Loch Lynn, M	ld.		
How long in above place of death? 50 years Hospital, institution, or street address where death occurred:			)	(If outside city or town limita	, write RURAL and give near	rest town)	
nospital, institution, or street	addiess where des	itti occurred		Street No(If rural, give			
How long in hospital or instit	utlon?			2.(a) If veteran, name war		0.00.00.000.000000000000000000000000000	
3. (a) FULL NAME				3. (b) Social Security Number			
Estella Virginia Martin.			is Martin		None.		
			, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Female	White	Mar	ried.	20. DATE DF DEATH January 18t		P.M.	
B.(b) Name of husband or wif	. Charle	es P.	Martin.	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decea	sed from	
B,(O) Name of Husband of Att	G		71	Nov 10 193	34, 10 Jan 1	S19¥6	
7. Birth date of	A17 -	1 77 ± L	) It alive, give age	and that t tast saw h	amay 15	1846	
deceased (mo., day, yr.)	April Months	Days	tt less than one day	Immediate cause of death		DURATION	
8. AGE: Years 73	9	5	hrs. min.	Cachal article	iclousing	1540	
9. 8irthplace Mine	eral Cou	unty,	West Va.	Due to.			
	OUSE Will	unty, and s	tate)				
10. Usual occupation	ouse www.	<u>ге</u>		Due to		***************************************	
11. Industry or business				•	100000000000000000000000000000000000000	**************************	
12. Name			***************************************	Dther conditions		001100010100010000000000000000000000000	
12. Name W • 13. Birthplace V	irginia.	•		(Include pregnancy within 3 m	······································		
본 14. Maiden name	Sarah (	Cathe	erine Roderick				
15. Birthplace Vi	rginia.			Major fiediogs of operations			
16. Informant Mr . B:		Wart	in.				
				Autopsy results			
	Loch Lyn			22. VIOLENCE: tf death was due to external cau	ses, till in the tollowing;		
Burial (Burial, cremation, or re	omoval Which?)	Date there	of January 20/46 (month) (day) (year)	Accident, suicide, or homicide		200200000000000000000000000000000000000	
Compton or analysis	Oakland	d Cer	netery.	Where did injury occur?(City or town)			
				(City or town) Injured at home, farm, industry, public place (wi		(State)	
	land, Mo	4	D - 0 - 0 -	Meane of Injury	tniured at work?		
18. Funeral director	usoy	10,	Dollen	means or injury	Injured at work!		
Address Address	Elak C	Dal	· Md.	Ja / Zann	an men and		
Jan. 19	46	X10	in Kowan	23. SIGNATURE	M, D. o	or other	
Date rec'd by registra	19. 7. 6/	1-9.00	Registrar	Address Hallandm	Date signed.	119/46	

JAN 28 1946 BULLEAU VE

VS AIE



2411 N. Charles St., Baltimore 108

### CERTIFICATE OF DEATH

00619 Reg. Dist. No. 6/

	atog. Dist. Homeinaaaaaaaaaa
1. PLACE OF DEATH: An not the	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mothor)
City or town Me 2 Dree de valle	State Mel County American
(If outside city or town limits, write RURAL and give nearest town)	City or lown Hear American relation
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Toldie Alie Micha	edi
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
to It linge	20. DATE DE OBATH Jan - 23 - 1946 at 1 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
710 19 - 1945 8.(c) It alive, give age 3 - 54	Jan - 22 - 1946, 10 Jan - 23 1946
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. e. C. alive on
8. AGE: Years Months   Bays   It less than one day	Immediate cause of death DURATION 2 down
3 5hrsmin.	
S. Birthplace MA	Due to.
(Town, county, and state)	Mal hutrition
1D. Usual occupation	Due to.
11. Industry or business	
12. Name Janes T Michael  13. Birtholace Decl	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name James Sinces  15. Birthplace July  15. Birthplace	Major findings of operations
15. Birthplace	
16. Intermant	Autopsy results
Address French selle ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, camation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sand shores muy	Where did injury occur?
location man Impaces hile of	(City or town) (County) (State)
M M 8-	Means of Injury Injured at work?
18. Funeral director	
Address French silla Ma	23. SICHATURE M. B. Mersur ovel
19. / June 19. 46 Hard Registrar)	M. D. or other  M. D. or other

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CONTRACTOR STATEMENT OF STATEME

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6

### CERTIFICATE OF DEATH

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B7-	1	61	

Reg. Diat. No ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Tild I man TI
City or town it outside city or town limits, write RUKAL and give nearest town)	State County County
How long in above place of dealh? VEYYU Shart while	(if outside city or town timits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Sireet Ro
How long in hospital or instilution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Williamst Merrich	
4. Sex 5. Color or race 6. (a) Signific married, widowed, or displace	MEDICAL CERTIFICATION
III W Midows	20. DATE OF DEATH VOLUME 30 19 46 21 9 05 PM
8.(b) Name of husband or wife	21. I-CERTIFY that death accurred on the date above stated; that I altended deceased from
0.(V) Name of Bospano of wife	Jan 25 - 1946, to Jan - 30-1946
7. Birth date of	and that I last saw h implies on Day - 30 - 1846
deceased (mo., day, yr.) DRC · 19-184	Immediato cause of death DURATION
8. AGE: Years Months Days If less than one day	$\circ$
9/ /hrs,min.	hyportatic Purmound 2 4 live
9. Birthplace 711 d	Bue to.
(Town, ecenty, and state)	DUC (V
10. Usual occupation TTAY 772 &	S. 0.1
11. Industry or business	henry lear a C) 5 days
81 2/-22 5 411 10 11	
12. Name 12. Name 13. Sirthplace 1114	Other conditions.
M S - 2 711: 12 - D	(Include pregnancy within 3 months of death)
14. Maiden name 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	Major findings of operations
≥ 15. Birthplace	Date of op
16. Informant 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Actopsy results
Address Friend SVIPPD 7114	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
2 2 14/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, crematica, or removal. Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Loh Ty Jo Ty	Where did injury occur?
Location 4 7111 W 222 7203/5429	Injured at home, farm, Industry, public place (where?)
The strateging of	Means of Injury Injured at work?
18. Funeral director	
Addiass, Trierid Sypelle 1214	143 Mersu ione Ma
1/2 4 Amil Amil	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address - dans ow - P Bate signed 2 -1 - 14-6

FEB 5 1946 | BURFAU TIS

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Evidence	for	change	of	age	MARYLAND	STATE	DEPARTMENT	OF	HEALTH

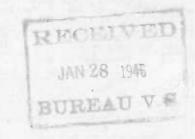
2411 N. Charles St., Baltimore 107

### FILM No. I O O FEB 5 1946

### CERTIFICATE OF DEATH

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Rog. Diat. No.			

How long in hospital or  3. (a) FULL NAME	rett akland, tside city or town li of death? treet address where or	Md. mits, write R Life t		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland county Garrett  City or town Oakland Md.  (If outside city or town limits, write RURAL sod give nearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number		
Mary	S. Color or race		Nethken	MEDICAL CERTIFICATION		
Female	White		dow	MEDICAL CERTIFICATION  20. DATE OF DEATH January 8th, 1946, 01 3;45		
8.(b) Name of husband of Decea 7. Birth date of deceased (mo., day, yr	sed	B.(c	hkin. ) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from P.M.		
8. AGE: Years	Months 5	Days 8	tf less than one dayhrs. min.	Immediste cause of death DURATION DURATION		
9. Birthplace	(lown,	wife		Due to		
13. Birthplace 14. Malden name 15. Birthplace	Harriett Sang F	Enlo	ow. Tryland. Iffer.	(Include pregnancy within 3 months of death) -  Major findings of operations.  Date of op.		
Address 08	kland, k	Id., F	Route.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:		
	or removal, Which?) Oakla Oakland	and Ce	(month) (day) (year)	Accident, suicide, or homicide		
18. Funeral director Address  19. (Date rec'd by reg	akel	) w	D. Bolder S. Mal in a. Nowan Registra	Means of injury  Injured at work?  23. SIGNATURE  M. D. or other		



### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

### 00622

### CERTIFICATE OF DEATH

1. PLACE OF	Canat.	-		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	ural Near	500000000000000000000000000000000000000	sville	State Nd county Garett			
City or town	(If outside city or town	imits write b	URAL and give nearest town)				
New Jane to show a	land of deaths 84	Years	and give nearest town)	City or town Rural Near	Frantsville		
	n, or street address where			(If outside city or town limi	its, write RURAL and give n	carest town)	
				Street No		***************************************	
			***************************************	(If rural, give LOCATION)  2.(a) If veleran, name war			
	al or institution?						
3. (a) FULL N.	AME						
	David Pope	Э			None		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION		
M	W		Widowed	9	/	11200	
	and or wife	zabeth	Pone	20. DATE OF DEATH	4 1944 E		
6.(4) Name of husb	and or wife			1.1 dentify that deal roccurred on the date at	Pore States, that I mediate dec	4 .46	
7. Birih dale ot			r) If alive, give ageyears				
7. Birth date of deceased (mo., d	ay, yr.) Febuar	T 22-	T854	and that I last saw handlalive on		19.40	
	ears   Months	Days	I If less than one day	Immediate cause of Reath		DURATION	
9		13		(urthred Sc	Lacous	Seaug	
						1 years	
9. Birthniace N	ear Frostl	ourg	Md tate)	Due to			
o. Dittiplace	(Town	county, and a	tate)	50-01	***************************************	***************************************	
10. Usual occupati	on Ketired	Farme	J		***************************************	****	
				Due to.	***************************************	••••	
11. industry or bus				***************************************		***	
12. NameP.	hilip Pope	······	•••••••••••••••••••••••••••••••••••••••	Diher conditions	***************************************	••	
		T					
HLOW 14. Malden na 15. Birthplace	Dortha	Fighe	?	(Include pregnancy within 3	months of death)		
E 14. Malden na	medd.dd.dd.dd.dd.		TT	Major findings of operations	000000000000000000000000000000000000000		
		/					
16. Interment H	erbert Por	ne	***************************************				
777	rostburg	D.T.C.	•••••••••••••••	Antopsy results			
Address	rostourg	INC					
17 Buri	al tion, or removal. Which	Date there	of I-7-I946 (month) (day) (year)	22. VIOLENCE: If death was due to external ca			
(Burial, crema	tion, or removal. Which?	)	(month) (day) (year)	Accident, suicide, or homicide	Dale of		
Cemetery or cres	nalory Mt Zic	on		Where did injury occur?(City or town)		/04-4-)	
The state of the s			77177 00 D 40				
		-	ville On-R-40	Injured al home, farm, industry, public place (		***********************	
1B. Funeral directo	ash av	meter	lu19	Means of injury	injured at work?		
C-r	antsville	Md			N/)	8261	
Address	allosvillo	1		23. SIGNATURE	Lane A	11111	
19. Jaw	7 19 4 b	14	co B Browns	Address Front View	M.D.	or other 198C	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

### CERTIFICATE OF DEATH

00623 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyVindex	State Maryland County Garrett
City or fown	ATHGEX
How long in above place of death?	City or town
Nospital Listilution or street address where death occurred:	Street No. Standard
Standard	(If run give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME William Puffenbarger	3. (b) Social Security Number
	NONE
4. Sex White 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION
marc Married	2D. DATE DF DEATH. January 27 19. 46 , 3: 05A.
17 11	1
8.(b) Name of husband or wite ulia Frances (Lewis)	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
Puffenbarger 6.(c) If allve, give age 74 years	Jan 1837 10 Jan 27 1846
7. Birth date of deceased (mo., day, yr.) October 30,1874	and that I ask saw h
	Immediate cause of death
8. AGE: Years Months Days If less than one day	A D
	mucho - Vuen 2dez
9. Birthplace Near Elk Garden, Mineral Co., W.V	Due to
	July your
1D. Usual occupation Miner & local Minister	
Coal Mines	Due to
	5
Christopher Pullenbarger  12. Name Pendleton Co., W. Va.	Differ conditions
	(Include pregnancy within 3 months of death)
Melvina Simmons  14. Maiden name Pendleton Co., W. Va.	
Pendleton Co., W. Va.	Major findings of operations.
₹ 15. 8irihplace	Date of op.
18. Informant C.F. Puffenbarger	Aotopsy results.
18. Informant Blaine, W.Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Jan 29, 1946 (Burial, cremation, or removal Which?) Cemetery or crematory  Cemetery or crematory	Accident, suicide, or homicide
L.O.O.F. Cemetery	
	Where did injury occur?
Elk Garden, W.Va.	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Other F. Sharpless	001100000
Address Blaine, W.Va.	Calff Culowhlla za ~
Con so III Curtomial	23. SIGNATURE
19. (Date rec'd by registrar)  Registrar	Address Chuller Mal Date signed 1 28/V

RECEIVED
FEB 3 1946

THE WAR STORY OF THE SECOND SHOPE

ELL ALCONOMIA CHE ELHO INCE

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DANFEE BUS HILL

THE REAL PROPERTY.

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MY CAMBON, M. F.

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9300

## CERTIFICATE OF DEATH

() 1	1091	
- (31	1024	
	11	2
Dan	Dist. No.	
Reg.	Dist. No	************

1. PLACE OF D	EATH: rett			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Jennings (If outside city or town limits, write RURAL and give nearest town)				State Mid County Garett		
How long in above pla	ce o1 death?	rears	***************************************	City or town Jennings (If outside city or town limits, write RURAL and give nearest town)		
	or street address when			Street No		
How long in hospital	or Institution?	***************************************	***************************************	2.(a) 11 veteran, name war		
3. (a) FULL NA!						
	Mary Cai			None		
4. Sex	5. Color or race		le, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH Jan 23 19 46 at 7 p m		
			SS	21. I PORTIFY that death occurred on the date above stated; that I at Anded deceased from		
7. Birth date o1 deceased (mo., day	\ 1 7	er 7-I	(c) If altre, give ageyears 86 I	and that I last got held alive on Jan 23 1946		
8. AGE: Yea 84	Months 3	Daya I6	if less than one dayhrsmin.	Immediate canage of death DURATION DURATION		
	(Town	, county, and		Due to.		
10. Vaual occupation		YOLK		Due to		
		rk		Dither conditions		
14. Malden name	Catheri	ine An	n Custer	(Include pregnancy within 3 months of death)		
15. Birthplace	R.d.2 Gi	cantsv	ille Md	Major findings of operations		
16, informant	.J.Ross		***************************************	Autopsy results.		
Address R.	D. Cumbe	erland	Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial	n, or removal. Which	Date ther	eof I#26-I946 (month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, 1111 in the following;  Accident, suicide, or homicide		
Cemetery or crematory. New Germany				Where did injury occur?		
LocationR	.D.2 Gran	ntsvil	le Md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director!	Men al	unt	ulug	Meana of injury Injured at work?		
Address Gr	antsville	e Md	B A	23. SIGNATURE Off. Va. Davis Uliv.		
19. (Unte rec'd by r	25 19 46 egistrar)	Eth	Bwaduater Registrar	M. D. op other		

JAN 26 1946 BURLAI

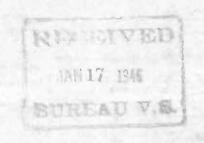
VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  Gif ontside city or town limits, write RURAL and give nearest town)  Streel No.  (If rarsi, give LOCATION)  2.(a) If veteran, name war.	
3. (a) FULL NAME Albert Schlosenag	2. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Hame of husband or wife 2 Acres 5.(c) It alive, give age 6.7 years deceased (mo., day, yr.) August 5. 18.6.2  8. AGE: Years Month Days It less than one day 7 hrs. min.  9. Birthplace 0 Color of the country, and state)  10. Usual occupation 0 Country and state)	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. TERTIFY that death occurred on the date above stated; that Lattended deceased from  19. 10. 19. 10. 19. 10. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
11. tridustry or business  12. Name  12. Name  13. Birthplace  14. Maiden name Mary Disk tel Schlassing le  15. Birthplace Grantwille, may lead  Address  Address	Other conditions  (Include pregnancy within 8 months of death)  Major findings of operations  Date of op.  Autopsy results  PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
17. Burial, eremation, or removal. Which?)  Date thereot. (month) (day) (year)  Location. A carley Man Almanda Market Mar	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	



## 2411 N. Charles St., Baltimore

00.627

M No TOO LANGE CERTIFICA	E OF DEATH Reg. Dist. No.		
M No. I O O JAN 18 1946  PLACE OF DEATH: Carrett  Oakland, Md.  Ity or town. (If outside city or town limits, write RURAL and give nearest town) ow long in above place of death? 10 years.  ospital, institution, or street address where death occurred:  ow long in hospital or institution?  i. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
Jay Camden Shaffer.	213-18-2485		
Sex   S. Color or race   S. (a) Single, married, widowed, or divorced   Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH  3 Par 4 6 19 21 2:30 F		
(b) Name of husband or wife Elsie Shaffer.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
. Birth date of	and that I just saw h. 1140. alive on 3 Clark 1845		
deceased (mo., day, yr.) January 24th, 1890  3. AGE: Years   Months   Days   If less than one day   55   56   11   10   hrs.   min.  3. Birthplace   Aurora, W. Va.  1. Industry or business   12. Nama   Obed Shaffer.  13. Birthplace   Aurora, W. Va.  14. Maiden name   Mary Wotring.  15. Birthplace   Aurora, W. Va.	Due to Canculation		
Address Oakland, Md.  Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Brookside Cemetery.  Location  Brookside, W. Va.  Address  Address	Astopay results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
55 56 11 10 hrs. min.  Birthplace Aurora, W. Va.  (Town. county, and state)  Farmer.  1. Industry or business  12. Name. Obed Shaffer.  13. Birthplace Aurora, W. Va.  14. Maiden name Mary Wotring.  15. Birthplace Aurora, W. Va.  16. Informani Mrs. Joe Rice.  Address Oakland, Md.  17. Burial Date thereof (month) (day) (year)  Cemetery or crematory. Brookside Cemetery.  Location Brookside, W. Va.  18. Funeral director M. Va.	Due to		

hor

PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The forrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

JAN 7 1946 BUREAU V.

AIS VS The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

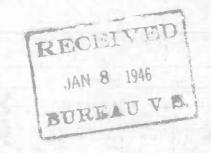
2411 N. Charles St., Baltimore 932

00626

## CERTIFICATE OF DEATH

Reg. Dist. No. / 62

1. PLACE OF DEATH: Garett County R.D.IGra ntsville					2. USUAL RESIDENCE (For newborn infants give	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
					State Md County Garett			
(If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	R A T Grantswille Md				
How long in al	How long in above place of death?				City or town	City or town (If outside city or town limits, write RURAL and give nearest town)		
		et address where						
						2.(a) If veteran, name war.		
				***************************************				
		tituiion r		***************************************	2.(a) ii veteran, name war			
3. (a) FUL	L NAME					3. (b) Social Security Number		
	W	illiam	Henry	Smearman		None		
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	ME	DICAL CERTIFICATION		
M		W		Widowed				
2.12.		4.8		Wildowed	20, DATE OF DEATH Janu	ary 3 1946 at 7 p		
6.(b) Name of	husband or w	Ien Ien	a Smea	rman		on the date above stated; that I attended deceased from		
					(dees	19/15, 10 Here 3 19/10		
7. Birth date o	if			) If alive, give age		e on 1844 C		
	no., day, yr.)	April	7-186	0		DURATION		
8. AGE:	Years	Months	Days	If less than one day	10/// sale	er Muscadeli 1 4		
	85	8	27	hrs.	min	The state of the s		
	-			1				
9. Birthplace	RaDa	2 Acci	dent	Md_ tate)	Due to	***************************************		
10. Usual occ	upation	Retire	d Harm	er	Bue to			
11. Industry o	r huelness				bus tu			
		n Casn	er Sme	arman	10-11			
12. Name			VI	alman	Dther conditions	The state of the s		
	JIMOG	ermany				ancy within 8 months of death)		
E 14 Maid	S name S	ara Sh	oemake	73				
5	7.0	OTTORGA	olo D		Major findings of operations			
≥ 15. Birth	place	ara Sh eyersd: Melch	are t	ä		Date of op		
16. Informant	Mrs	Melch	or Ge	orge	Autopsy results			
		I Gran			PHYSICIAN: Please underline t	the cause to which death should be charged statistically.		
					22. VIOLENCE: If death was due	e fo external causes, fill in the following:		
17 Burial Date thereof Jan 6-T946 (month) (day) (year)					decident evicide or hamicide	Date of		
(Burial, cremation, or removal, Which?) (month) (day) (year)								
Cemetery or crematory.					where did injury occur?	City or town) (Connty) (State)		
Location R.D.2 Accident Md					Injured at home, farm, industry, p	public place (where?)		
18. Funeral director Allem Allin Luly					Means of Injury	Injured at work?		
18. Funeral d	irector.	m OUL	mus	wig	means of midity	Injured at work!		
Address	Grant	sville	Md		1//	119		
Addiess			7-	1 1/2 1 +	23. SIGNATURE.	M. W. W. C.		
19 Har	15	1946	F tt	ce Dovaguale	r XI	M. D. or other		
Wate rec	'd by registr	ar)	***************************************	Regist	trar Address ///////	Melle Me mate signant des 1181		



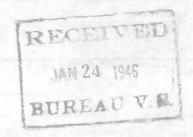
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Black

## CERTIFICATE OF DEATH

00628 Reg. Dist. No. 171

1. PLACE OF DEATH:	Gare	tt		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)		
County			***************************************	State Md County Garett		
City or town Bittinger (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	Accident		
Kow long in above place of dea	th? 5 Mo	nths	***************************************	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street						
				Street No		
How long in hospital or institution?			**************************************	2.(a) If veteran, name war.		
3. (a) FULL NAME				3. (b) Social Security Number		
Т	ames S	neich	on	None		
	olor or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W		Widowed	2D. DATE DF DEATH January 20 19.46 at 5 p		
	1	. /	C 1/			
6.(b) Name of husband or wife	. Luci	nda	Speicher	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
		6.(0	) If alive, give ageyears	1) LC 1845 10 Day 20 1846		
7. Birth date of	Febuar		I869	and that I last saw had Mailive on Jan 1946		
deceased (mo., day, yr.)  8. AGE: Years	Months 1	Days	If less than one day	Impediate cause of death DURATION		
8. AGE: 1641.		4		Softrance interelled 2 40		
4.0	11	4	hrsmln.	nehlostis		
9. Birthplace. Near	Bittin	ger	l'd	Due to		
	(Town, e	county, and s				
1D. Usuat occupationR.	etired	Stat	e Road Worker	Books and the second se		
tt. Industry or business				Due to		
	ndr. Sne	icher		h ligación accesaments		
EI M	ot Kno			Other conditions.		
				(Include pregnancy within 3 months of death)		
t4. Malden name. E	lizabe	th Ny	ers			
D N	ot Kno	Station		Major findings of operations.		
				Date of op		
16. Informant I'rs G	eorge	Stark		Antopsy results.		
Address Bitt	inger	Md		PHYSICIAN: Please underline the cause to which death shoold he charged statistically.		
Danasal			T. 22 TO16	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or re	moval. Which?)	Date there	of I-22-I946 (month) (day) (yeor)	Accident, suicide, or homicide Date of		
Cemetery or crematory	itting	er		Where did injury occur?		
				(City or town) (County) (State)		
Location Bitti	nger	l'd		Injured at home, farm, Industry, public place (where?)		
1B. Funeral director ON	an ONE	notes-	luga	Means of Injury tnjured at work?		
C and an a sector sector sector.	77177	Md		0/1/1		
Address Grants	ATTTA	· Cl		23. SIGNATURE A LA Davis M.D.		
t9. Date rec'd by registrar	19 46	0	16 8	Z3. Signature M. D. or other		



VS A15, 9

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 153

## CERTIFICATE OF DEATH

06629, Reg. Dist. No.....

1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
Oakland Md Route	state Maryland county Garrett
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street aburess where beath occurred.	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
	3. (b) Social Security Number
Bobby Gorman Th omas.  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	(nat)
	MEDICAL CERTIFICATION
Male White   Single .	20. DATE OF DEATH January 8th 1946 37:20A M
6,(b) Hame of husband or wife	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
	Sjames after Dall
7. Birth date of deceased (mo., day, yr.) April 25th, 1945.	and that I last saw halive on
deceased (mo., day, yr.) APTIL 25th, 1345.  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
G. AGE.	Topic in thema whatly
	Stry besser in nature 1000
9. Birthplace Oakland, Md. (Town, county, and state)	Due to
10. Usual occupation	Bue Io
11. Industry or business	000 10
12 Hame Alvy E. Thomas.	Other conditions
12. Hame Alvy E. Thomas.  13. Birthplace Maryland.	
	(Include pregnancy within 3 months of death)
14. Maiden name Evelyn Knox.  Maryland.	Major findings of operations.
	Date of op
16. Informant Mr. E.R. Knox.	Autopsy results
Address Oakland, Md.	
Burial (Burial, cremation, or removal. Which?)  Date thereof. January 9/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Glen Dale Cemetery	Where did injury occur?
Location Near Swanton, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director England D. Bolden	Means of Injury Injured at work?
Address Och teldend, Pald	29 Some on the to to.
Jan 9 46 Julia Nown	23. SIGHATURE 10 M. D. or other
(Date rec'd by registrar)	Address Valland Mo nate spendy 23/46

John Ballo M.



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

# CERTIFICATE OF DEATH

.()(|651) / 6 6 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Garnett		
Mountain Bake Park, Md.			
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 10 days	City or town Oakland, Md. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
Keiser Home for the aged.	(If rural, give LOCATION)		
How long In hospital or institution? 10 days	2.(a) tf veteran, name war		
3. (a) FULL NAME			
Miss Nelle Turley.	None		
4. Sex 5. Color or race 8.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE DF DEATH January 31st 146 .217:00 1		
7 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A. M.		
	December 25, 1945 to January 25, 1946		
7. Birth date of deceased (mo., day, yr.)	and that I last saw heralive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death. Muy Tables DURATION		
92hrsmln.	perention		
JR I IIII			
9. Birthplace(Town, county, and state)	Due to Children Jellieses		
10. Usual occupation	Due to		
11. industry or business			
12. Name	Dither conditions		
12. Name			
	(include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations		
🕱 15. Birthplace	Date of op.		
16. Informant	Autopsy results		
	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Burial, cremation, or removal. Which?)  Burial, cremation, or removal. Which?)  Bate thereof February 2/46 (mouth) (day) (year)	Accident, sutcide, or homicide		
Cemetery or crematory Episcopal Cemetery.			
	Where did injury occur?		
Location Oakland, Maryland.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Emrsy Bolden	Means of Injury tnjured at work?		
1 D. 40 1 0011	1911.		
Address Carren a mg	23. SIGNATURE (1. C. Manes M.D. or other		
19 th /. 19 46 Julia Cawan	M. D. or other		
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Oakland, Maryland Date signed 2/2/46		

BINDING

PLEASE WRITE PLAINLY,

